

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD								3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field				4. Employing Office Location				5. Duty Station				1. Agency Position No.																																																																																											
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt								8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest				9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																			
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)								11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> Managerial <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive				13. Competitive Level Code																																																																																																			
15. Classified/Graded by								Official Title of Position				Pay Plan				Occupational Code				Grade				Initials				Date																																																																																			
a. Office of Personnel Management																																																																																																															
b. Department, Agency or Establishment																																																																																																															
c. Second Level Review								Club Operations Assistant								NF								0303								02								JN								12-31-01																																																															
d. First Level Review																																																																																																															
e. Recommended by Supervisor or Initiating Office																																																																																																															
16. Organizational Title of Position (if different from official title)																17. Name of Employee (if vacant, specify)																																																																																															
18. Department, Agency, or Establishment																c. Third Subdivision																																																																																															
a. First Subdivision																d. Fourth Subdivision																																																																																															
b. Second Subdivision																e. Fifth Subdivision																																																																																															
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																Signature of Employee (optional)																																																																																															
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																																																															
a. Typed Name and Title of Immediate Supervisor																b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																																																																																															
Signature																Date																Signature																Date																																																															
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																22. Position Classification Standards Used in Classifying/Grading Position																																																																																															
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier																OPM PCF Miscellaneous Clerk and Assistant Series GS-303, TS-37, Nov 79 TS-34, Jan 79																																																																																															
Signature																Date																Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																																															
23. Position Review																Initials																Date																Initials																Date																Initials																Date															
a. Employee (optional)																																																																																																															
b. Supervisor																																																																																																															
c. Classifier																																																																																																															
24. Remarks																																																																																																															
25. Description of Major Duties and Responsibilities (See Attached)																																																																																																															

NONAPPROPRIATED FUND POSITION DESCRIPTION

JOB TITLE: Club Operations Assistant **POSITION NUMBER** 01-0072

JOB SERIES: 0303 **PAY LEVEL:** NF-2

Summary of Duties:

Monitors operations of a club or assigned area, normally during absence of the club manager and/or assistant manager, and normally at night or on weekends. Responsible for the issue, receipt, and control of cash. Makes unscheduled cash counts. Prepares reports of significant occurrences during the shift. Assures patron satisfaction by resolving complaints and other customer issues. Inspects and secures facility at the end of the shift. Maintains and enforces security for funds, merchandise, supplies, equipment and property in accordance with directives and regulations. Must be alert to alcohol abuse and take appropriate action.

Performs other related duties as assigned.

Minimum Qualifications:

A minimum of one year experience which provides knowledge of club, restaurant, business operations, or equivalent leadership experience is required. Familiarity with cash handling procedures and sales operation. Ability to communicate both orally and in writing, and to provide work direction to other employees.